## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE

DATE DUE

FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. 04/02/2004 Michael A. Rothman 20002/18682 2599 10/817 173

TITLE OF INVENTION: METHODS AND APPARATUS TO ENABLE CODE-BASED BUS PERFORMANCE ANALYSIS

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nonprovisional	NO	\$1400	\$300	50	\$1700	11/07/2007
EXA	MINER	ART UNIT	CLASS-SUBCLASS	]		
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I. Change of correspondence address or indication of "Fee Address" (37 CFR L153).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/1/2 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternati (2) the name of a sing	o 3 registered patent attornively, le firm (having as a memb agent) and the names of u armeys or agents. If no nam	cra 2 Zimmer	Flight & man, LLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SUITE 2100 CHICAGO, IL 60606

A DOLL THE

Intel Corporation

CALALL ENTITY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, CA

Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🙎 Corporation or other private group entity 🚨 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fec(s) are submitted: A check is enclosed. A lesur fre

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required (sets), any deficiency, or credit any overpayment, to Deposit Account Number 50-2455 (enclose an extra copy of this form).

Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)

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Typed or printed name	Michael	W.	Zimmerman	Registration No. 57,993

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